

Department of Children's Services

INSTRUCTIONS FOR USE OF FORM

CS-0559, AUTHORIZATION FOR RELEASE OF CHILD-SPECIFIC INFORMATION **FROM THE DEPARTMENT OF CHILDREN'S SERVICES AND CONTRACT SERVICE PROVIDERS**

Use this form to **RELEASE** DCS child records and
information to authorized individuals or

organizations. If you need to **REQUEST** records
and information for child/youth/family, use form

CS-0668, Authorization for Release of Information **to**
the Department of Children's Services

Please disregard all previous versions prior to the date listed below. Always check "Forms" Website for most current version.

CS-0559 Rev 02/08

Copies: Original: Child Case file

Client

Record/Information Recipient



Tennessee Department of Children's Services

Authorization for Release of Child-Specific Information from the Department of Children's Services and Notification of Release

Child's Name (Print): _____ Birth Date: ____/____/____
(Last) (First) (Middle)

Social Security No.: _____ Sex: ☐ Female ☐ Male

Pursuant to Federal guidelines and department policy and procedures, I hereby request and authorize the release of records or information specified below:

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Education records, including transcripts, GED, TCAP, special education |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Medical records, including examinations, laboratory tests, treatments |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Psychological test reports, including Intelligence (IQ) test results |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Psychiatric evaluation reports |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Mental health counseling and treatment report summaries |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Social history/Functional Assessment data, including family, employment, police reports |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Other - Specify: _____ |

State purpose for which record or information is to be used: _____

This record or information may be released to *(for multiple agency/organization requests, a form must be signed for each request)*:

Name *(organization/Agency)*: _____

Address *(Street or P. O. Box)*: _____

City: _____ State: _____ Zip Code: _____ Telephone Number: (____) _____ - _____

This authority includes, but is not limited to the inspection, copying, and receipt of documents, information and photographs to be shown to the public through the media, videos, and all other written and recorded information. It has been explained to me, and I understand that there are statutes and regulations protecting the confidentiality of certain written and oral record information. I may revoke this consent to release of information at any time; however, I also understand that any release which has been made prior to my revocation and which was made in reliance upon this authorization shall not constitute a breach of my right to confidentiality. Unless I revoke this authorization prior to such time, this authorization to release information is valid until such request is fulfilled but not to exceed one (1) year from the *date of my signature.

Child's Signature: _____ *Date: _____

(The Child's parent(s) or legal guardian must sign this release below if the child is under age)

Witness' Signature: _____ Date: _____

Parent or Guardian's Name *(Print)*: _____

Parent or Guardian's Signature: _____ Date: _____

I do not want any information or photographs of my child released by the Media.

(Parent or Guardian) Print Name Signature Date

NOTE: PLEASE BE ADVISED THAT A PROCESSING AND COPYING CHARGE MAY BE ASSESSED.

☐ Unable to locate requested Information ☐ Requested information could not be released: Reason _____

☐ Information released by: _____ Date: _____

DCS Contact Person: _____ Phone Number: _____

DCS Office: _____ Address: _____

Authorizing Signature: _____ Date: _____

Witness: _____ Date: _____

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